

GRANT APPLICATION FOR FAÇADE IMPROVEMENT PROGRAM

APPLICATION DATE: _____

BUILDING ADDRESS: _____

(Please Check) DO YOU OWN _____ OR LEASE _____ SPACE IN THE BUILDING?

IF YOU LEASE THEN YOU WILL NEED WIRTTEN PERMISSION FROM THE OWNER AND A COPY OF THE SIGNED LEASE AGREEMENT.

APPLICANT NAME: _____

ADDRESS: _____ **CITY:** _____ **ST:** _____ **ZIP:** _____

PHONE: (H/W) _____ **CELL** _____ **EMAIL** _____

TYPE OF BUSINESS: _____ Sole Proprietor _____ Partnership _____ LLC _____ Corporation
_____ S-Corp _____ Other: Describe: _____

DATE ESTABLISHED: _____ **STATE OF INCORPORATION:** _____

FEDERAL TAX ID #: _____ **DUNS #:** _____

CURRENT USE OF BUILDING INCLUDING A DESCRIPTION OF BUSINESS OPERATIONS: _____

TYPE OF FAÇADE IMPROVEMENT PLANNED:

SIGNAGE: _____ **NEW** _____ **ALTERED** _____ **REPAIRED**

AWNING: _____ **NEW** _____ **ALTERED** _____ **REPAIRED**

PAINTING (APPROXIMATE SQ FT AREA): _____

STRUCTURAL ALTERATIONS: _____

COSMETIC ALTERATIONS: (MOLDING, WINDOWS, STOREFRONTS, ETC.) _____

MASONRY REPAIRS: _____

OTHER: _____

Please attach additional narrative if needed.

PROJECT COSTS: (TWO WRITTEN ESTIMATES FROM CONTRACTOR/ARCHITECT MUST BE ATTACHED)

1. ESTIMATED CONSTRUCTION COSTS: \$ _____

2. ESTIMATED DESIGN FEES: \$ _____

3. TOTAL PROJECT COSTS: \$ _____

4. HOW MUCH IS YOUR REQUEST FOR FUNDS*: _____% \$ _____

* **PLEASE NOTE:** This is a 50% Grant/Loan Program, private dollars will be matched with public dollars on a 1:1 basis, up to a total public investment of \$50,000, as defined under the façade program guidelines. The first \$25,000 is a grant and the second \$25,000 is a 0% loan for up to 10 years as determined by the ability to repay and as approved by the Loan Qualification Committee.

If you are applying for a loan, please fill out the loan application provided by the City and submit at the same time as the grant application.

I hereby submit this application and supporting documentation for the proposed project. I understand that in order for the project costs to be eligible for grant reimbursement, no work will be commenced (other than the architectural drawings submitted with the application as defined in the program guidelines) will be reimbursed without the approval of the LQC and a signed grant agreement with the City of Lewiston. I further understand that the project must be completed as agreed, six months from the date of approval, or as extended in writing as necessitated by weather conditions.

Property Owner's Signature: _____ **Date:** _____

Tenant's Signature (if applicable): _____ **Date:** _____

For office use only:

Date and Time application was received: _____ BY: _____
Date/Time Printed Name: